



Patient Education January 2003

1: Ann Otol Rhinol Laryngol 2002 Dec;111(12 Pt 1):1139-43

Internet resources available to otolaryngologists.

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During recent years, the Internet has evolved into the largest computer network in the world, allowing access to vast amounts of information and services.

Medical information is increasingly available to both **patients** and professionals, and ever more biomedical resources are becoming available on-line to assist in research, clinical medicine, and education. The Internet has always provided useful resources to otolaryngologists, implemented at various academic departments and national organizations or by specialists or specific medical web sites offering technical, scientific, and biomedical information. The purpose of this article is to provide as complete a list as possible of the World Wide Web sites accessible through the Internet that are of interest to otolaryngologists.

It summarizes different types of resources available, including **educational material**, audiology sites, outcomes research, discussion lists, research laboratories, publications, medical libraries, news and medical conferences, organizations, academic departments, otolaryngological and medical resources, medical and surgical equipment and suppliers, and miscellaneous other sites of interest to otolaryngologists. This review is intended to present the wealth of the accessible information on the Internet and to promote the use of the network to otolaryngologists who do not have extensive experience in computers or telecommunications.

Publication Types:

Review

Review, Tutorial

PMID: 12498378 [PubMed - indexed for MEDLINE]

2: Best Pract Res Clin Anaesthesiol 2002 Jun;16(2):285-94

Major surgery in the ambulatory environment: continuous catheters and home infusions.

Enneking FK, Ilfeld BM.

Department of Anesthesiology, University of Florida, College of Medicine, Gainesville, Florida, USA.

The ability to provide continuous peripheral nerve blocks to patients safely on an outpatient basis has been a major advance in ambulatory surgery over the past several years. The first reports of patients self-administering local anaesthetic via wound and perineural catheters were published in 1998. Such infusions have now become a necessary component for the success of various

ambulatory procedures. The rapid development of these techniques has been based on advances in equipment manufacturing, drug development and the need to provide a greater degree of analgesia for patients in the ambulatory setting. Many of the concepts used to provide safe ambulatory infusion have been drawn from studies of patients receiving these types of therapies in a hospital setting. Few studies have actually examined these techniques in an outpatient environment. However, the advantages of these analgesic techniques over traditional oral narcotics for patients undergoing major surgery in the ambulatory environment have led to their rapid acceptance as a standard of care at many institutions.

Publication Types:

Review

Review, Tutorial

PMID: 12491558 [PubMed - indexed for MEDLINE]

3: Hosp Peer Rev 2002 Dec;27(12):167-8

Patient satisfaction planner. Decision-aid tool helps patient communication.

PMID: 12498069 [PubMed - indexed for MEDLINE]

4: J Dent Educ 2002 Nov;66(11):1281-8

How do U.S. and Canadian dental schools teach interpersonal communication skills?

Yoshida T, Milgrom P, Coldwell S.

Okayama University Graduate School of Medicine and Dentistry.

The status of instruction in interpersonal communication was surveyed in forty U.S. and Canadian dental schools. Key faculty members were identified, and syllabi and course descriptions were collected and content-analyzed. The following findings were obtained for responding schools: 1) only one-third of schools had courses specifically focusing on interpersonal communication; 2) more than half of the schools offered these types of courses only during the first two years; 3) the most common topics were communication skills, **patient interviewing, and patient education/consultation**; 4) the most frequently used method of teaching was lectures; active practice was used less often; 5) written examination was the primary instructional evaluation tool, whereas more sophisticated performance-oriented assessments were used less often; and 6) about half of the teachers did not have a D.D.S. degree; those not dentists were primarily psychologists. At least eight of the forty dental schools surveyed do not appear to meet the accreditation guidelines for predoctoral programs in this area of instruction. Some could not identify a faculty member responsible for such instruction. Schools offering more extensive instruction were more likely to offer active rather than passive teaching and use more sophisticated student evaluation strategies. This research suggests a need for reevaluation of teaching in this subject area.

PMID: 12484681 [PubMed - indexed for MEDLINE]

5: J Psychosoc Nurs Ment Health Serv 2002 Dec;40(12):14-8

Selective serotonin reuptake inhibitor. Discontinuation syndrome.

Finfgeld DL.

Sinclair School of Nursing, University of Missouri, Columbia, MO 65211, USA.

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Based on emerging research findings, nurses are urged to become more aware of SSRI discontinuation syndrome. To ameliorate or avoid the associated symptoms,

client education is recommended, and dosage tapering is encouraged whenever possible. Although the symptoms associated with discontinuation syndrome usually are mild, they may pose particular safety concerns for clients with co-occurring conditions. In these situations, precautions should be taken to prevent exacerbation of existing problems.

PMID: 12491870 [PubMed - indexed for MEDLINE]

6: N Engl J Med 2003 Jan 2;348(1):42-9

Clinical practice. Preventing falls in elderly persons.

Tinetti ME.

Department of Internal Medicine, Yale University School of Medicine, 333 Cedar St., P.O. Box 208025, New Haven, CT 06520-8025, USA.

Publication Types:

Review

Review, Tutorial

PMID: 12510042 [PubMed - indexed for MEDLINE]

7: Nurs Times 2002 Nov 26-Dec 2;98(48):34-5

Support and education: the role of the domestic violence coordinator.

Keeling J.

Arrowe Park Hospital, Upton, Merseyside.

The domestic violence coordinator is a relatively new role that has evolved due to increased awareness of the long-term health issues that result from domestic abuse. Health professionals have a vital role in the identification, assessment and response to domestic violence. In order to provide this support the professionals themselves require the appropriate knowledge and skills. The domestic violence coordinator's role is multifaceted; it incorporates effective education and training, and provides the essential link between clinical and community environments.

Publication Types:

Review

Review, Tutorial

PMID: 12501527 [PubMed - indexed for MEDLINE]

8: Nurs Times 2002 Nov 26-Dec 2;98(48):51

Teaching ISC technique.

Winder A.

Park Drive Clinic, Balldock.

Intermittent self-catheterisation (ISC) is an extremely intimate technique and those teaching it must be aware of both verbal and non-verbal behaviour by patients throughout the procedure. The instructor needs to be empathetic, supportive and skilled in the technique, as the patient faces a change in both lifestyle and body image. Psychosexual awareness means being alert to any sexual anxieties the patient may have.

PMID: 12501533 [PubMed - indexed for MEDLINE]

9: Nurs Times 2002 Nov 19-25;98(47):30

What you need to know about.... meningitis.

PMID: 12494836 [PubMed - indexed for MEDLINE]

10: Posit Living 1999 May;8(4):16, 19
Build a network of support to help you use meds wisely.
Wongvipat N.
Publication Types:
Newspaper Article
PMID: 12492065 [PubMed - indexed for MEDLINE]

11: SCI Nurs 2001 Winter;18(4):195-8
Redefining power wheelchairs.
Denison I, Gayton D.
G. F. Strong Rehab Centre, Vancouver/Richmond Health Board, Vancouver, British Columbia, Canada.
PMID: 12481615 [PubMed - indexed for MEDLINE]

12: SCI Nurs 2001 Winter;18(4):187-90
Challenges to communication: supporting the patients with SCI with their diagnosis and prognosis.
Dewar AL.
University of British Columbia in Vancouver, British Columbia, Canada.
This article discusses some of the common dilemmas that nurses experience when communicating with patients who have recently sustained a spinal cord injury. Drawing on the literature, this article highlights that the nurse's role in giving bad news is unique. Nurses are often in the position of clarifying information as patients become aware of their limitations. This awareness prompts the need for support for both patients and their families. Nurses must interact with patients during their adjustment to their losses, and this requires good communication skills. The experiences of other health professionals, particularly physicians, are helpful in providing guidance for nurses who reinforce information regarding the patient's diagnosis/prognosis. They must continue to interact with patients during their adjustment to their losses, and this requires good communication skills. This article offers insight into problems as well as strategies to assist nurses in developing their communication skills.
Publication Types:
Review
Review, Tutorial
PMID: 12481613 [PubMed - indexed for MEDLINE]

13: SCI Nurs 2001 Winter;18(4):181-6
Optimizing health of individuals with tetraplegia.
Beck LA, Scroggins LM.
Mayo Clinic, Rochester, Minnesota, USA.
People surviving spinal cord dysfunction with tetraplegia (SCDT) are returning earlier to their communities with the assistance of long-term health care providers (LTHP). However, the prevalence of rehospitalization following rehabilitation of persons with spinal cord dysfunction is high, with rates ranging from 19% to 57%. Rehospitalization is costly, both financially and personally, and may be preventable. Current literature suggests that education of the LTHP is essential to prevent rehospitalization of persons with SCDT. The Health Maintenance Education program was developed to optimize individual and societal outcomes of persons with SCDT through improvement of long-term health

care. An educational program was designed for persons with SCDT and their LTHP; namely, community health nurses (registered nurses, licensed practical nurses), home health aides, personal care assistants, and family care providers. The program included three distinct educational phases, including a 1-day workshop, a collaborative home visit, and ongoing support and follow-up for 1 year. Satisfaction surveys indicated favorable responses to the overall program. Individual results of the program include improved knowledge, acquired resources, and updated equipment for the person with tetraplegia and the caregiver. Educational materials related to the management of persons with SCDT were provided to home care agencies for education of employees.

Publication Types:

Evaluation Studies

PMID: 12481612 [PubMed - indexed for MEDLINE]